

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Ramon</u>	<u>Gonzales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>14-51502G</u>		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income**12/13**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☐ Employed
☒ Not employed

OccupationConstruction**Employer's name**Hyatt Regency Hotel**Employer's address**123 Losoya
Number Street_____
City State Zip Code**Debtor 2 or non-filing spouse**

- ☒ Employed
☐ Not employed

HousekeepingHyatt Regency Hotel123 Losoya
Number StreetSan Antonio TX 78205
City State Zip CodeHow long employed there? _____ 18 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$0.00</u>	<u>\$2,235.65</u>
3. Estimate and list monthly overtime pay.	3. + <u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$0.00</u>	<u>\$2,235.65</u>

		For Debtor 1		For Debtor 2 or non-filing spouse
Copy line 4 here ➔	4.	\$0.00		\$2,235.65
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	\$0.00		\$382.11
5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$0.00		\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00		\$223.56
5e. Insurance	5e.	\$0.00		\$86.67
5f. Domestic support obligations	5f.	\$0.00		\$0.00
5g. Union dues	5g.	\$0.00		\$0.00
5h. Other deductions. Specify: <u>See continuation sheet</u>	5h. +	\$0.00		\$67.38
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$0.00		\$759.72
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00		\$1,475.93
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$500.00		\$0.00
8b. Interest and dividends	8b.	\$0.00		\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00		\$0.00
8d. Unemployment compensation	8d.	\$0.00		\$0.00
8e. Social Security	8e.	\$0.00		\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00		\$0.00
8g. Pension or retirement income	8g.	\$0.00		\$0.00
8h. Other monthly income. Specify: <u>1/12 tax refund / Daughter contribution</u>	8h. +	\$202.25		\$400.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$702.25		\$400.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$702.25	+	\$1,875.93
			=	\$2,578.18
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____				
	11. +			\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12.			\$2,578.18
				Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input checked="" type="checkbox"/> No.	None.			
<input type="checkbox"/> Yes. Explain:				

Debtor 1 Jose Ramon Gonzales Case number (if known) 14-51502G
First Name Middle Name Last Name

5h. Other Payroll Deductions (details)	For Debtor 1	For Debtor 2 or non-filing spouse
Dental	\$0.00	\$22.75
Meals	\$0.00	\$13.00
Life Insurance	\$0.00	\$1.84
STD	\$0.00	\$29.79
Totals:	\$0.00	\$67.38

Fill in this information to identify your case:

Debtor 1	<u>Jose</u>	<u>Ramon</u>	<u>Gonzales</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>		
Case number (if known)	<u>14-51502G</u>		

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: _____
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?**

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

Your expenses**4. The rental or home ownership expenses for your residence.**
Include first mortgage payments and any rent for the ground or lot.4. \$369.00**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$91.404b. \$50.00

4c. _____

4d. _____

Your expenses

5. Additional mortgage payments for your residence, such as home equity loans	5.	<hr/>
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	<u>\$190.00</u>
6b. Water, sewer, garbage collection	6b.	<u>\$120.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<u>\$98.00</u>
6d. Other. Specify: <hr/>	6d.	<hr/>
7. Food and housekeeping supplies	7.	<u>\$500.00</u>
8. Childcare and children's education costs	8.	<hr/>
9. Clothing, laundry, and dry cleaning	9.	<u>\$50.00</u>
10. Personal care products and services	10.	<u>\$30.00</u>
11. Medical and dental expenses	11.	<u>\$75.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<u>\$325.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	<u>\$70.00</u>
14. Charitable contributions and religious donations	14.	<hr/>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	<hr/>
15b. Health insurance	15b.	<hr/>
15c. Vehicle insurance	15c.	<hr/>
15d. Other insurance. Specify: <hr/>	15d.	<hr/>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Taxes for San Marcos property</u>	16.	<u>\$78.94</u>
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	<hr/>
17b. Car payments for Vehicle 2	17b.	<hr/>
17c. Other. Specify: <u>1120 S. San Marcos</u>	17c.	<u>\$149.00</u>
17d. Other. Specify: <hr/>	17d.	<hr/>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18.	<hr/>
19. Other payments you make to support others who do not live with you. Specify: <hr/>	19.	<hr/>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
20a. Mortgages on other property	20a.	<hr/>
20b. Real estate taxes	20b.	<hr/>
20c. Property, homeowner's, or renter's insurance	20c.	<hr/>
20d. Maintenance, repair, and upkeep expenses	20d.	<hr/>
20e. Homeowner's association or condominium dues	20e.	<hr/>

21. Other. Specify: See continuation sheet	21.	+	\$69.84
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22.		\$2,266.18
23. Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		\$2,578.18
23b. Copy your monthly expenses from line 22 above.	23b.	-	\$2,266.18
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c.		\$312.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

<input checked="" type="checkbox"/>	No.	Explain here: None.
<input type="checkbox"/>	Yes.	

Debtor 1 Jose Ramon Gonzales Case number (if known) 14-51502G
First Name Middle Name Last Name

21. Other. Specify:

Cellular Phone

\$69.00

Rounding factor

\$0.84

Total:

\$69.84

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **Jose Ramon Gonzales**Case No. **14-51502G**Chapter **13****AMENDED 9/9/2014****SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	No	1	\$84,410.00		
B - Personal Property	No	4	\$60,825.00		
C - Property Claimed as Exempt	No	1			
D - Creditors Holding Secured Claims	No	1			
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	No	2			
F - Creditors Holding Unsecured Nonpriority Claims	No	3			
G - Executory Contracts and Unexpired Leases	No	1			
H - Codebtors	No	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$2,578.18
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$2,266.18
TOTAL		21	\$145,235.00	\$9,444.00	

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

In re **Jose Ramon Gonzales**Case No. **14-51502G**Chapter **13****AMENDED 9/9/2014****STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$0.00

State the following:

Average Income (from Schedule I, Line 12)	\$2,578.18
Average Expenses (from Schedule J, Line 22)	\$2,266.18
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$1,531.88

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$2,700.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$844.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$844.00

B6 Declaration (Official Form 6 - Declaration) (12/07)
In re **Jose Ramon Gonzales**

Case No. **14-51502G**
(if known)

AMENDED 9/9/2014
DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **9** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **9/9/2014**

Signature **/s/ Jose Ramon Gonzales**
Jose Ramon Gonzales

Date _____

Signature _____

[If joint case, both spouses must sign.]